



Michael R. Pence
Governor

MADISON JUVENILE CORRECTIONAL FACILITY
1130 MSH 4th Street • Madison, Indiana 47250
Phone: (812) 265-6154 • Fax: (812) 273-8435

Bruce Lemmon
Commissioner

**Please read through this Parent Information Packet.
Please fill out any required Facility Information Sheets (note
that some are double sided) and send them back to:**

**Madison Juvenile Correctional Facility
1130 MSH 4th Street
Madison, IN 47250**

Any Questions please call us at: (812) 265-6154



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GUARDIAN MUST MAKE ENOUGH COPIES NEEDED OF BLANK FORMS FOR EACH PERSON REQUESTING VISITATION.

- ☐ **Statement of Trafficking Laws and Authorization for Search – State Form 41465**
 - Must be reviewed and signed by parent/guardian
 - Can be faxed, emailed, or mailed.
- ☐ **Application for Visiting Privileges – State Form 14387**
 - All persons requesting visitation including guardian(s) and minor(s) must complete and sign form
 - (Guardian must complete and sign form for all minor(s)).
 - Cannot be faxed – must be mailed.
- ☐ **Photo ID – 16 and older**
 - Submit a legible (state issued) copy of a valid photo ID.
 - Can be faxed, emailed, or mailed, but must be a legible copy
- ☐ **Birth Certificate – children 15 and under**
 - Submit a legible copy of birth certificate
 - Can be faxed, emailed, or mailed
- ☐ **Authorization for Minor Child to Visit – State Form 48965**
 - To be completed ONLY if the child is brought to this facility by someone other than the child's guardian.
 - Must be NOTARIZED
 - Cannot be faxed – must be mailed
- ☐ **Birth Certificate and Social Security Card**
 - Send in a copy of your daughter's birth certificate.
 - Send in a copy of your daughter's social security card.
- ☐ **Parental/Legal Guardian Expectations**
 - Guardian must review, sign, and return this form.
 - Can be faxed, emailed or mailed
- ☐ **MJCF Rules, Policies, and Guidelines (review and keep for future reference)**
 - Visitation Policy
 - Visitation Rules
 - Temporary Leave Passes – Reentry Phase
 - General Mail Guidelines
 - Commissary Guidelines
 - JPay
 - State Holidays (observed)
- ☐ **Mental Health Letter (review and keep for your records)**
- ☐ **Developmental History Form – Youth**
 - Guardian must complete, sign, and return to MJCF
 - Can be faxed, emailed, or mailed

PLEASE RETURN FORMS TO ATTN: TONYA BRAY, STUDENT RECORDS DEPT, at the above address, fax number, or email address: TMccubbins-Bray@idoc.in.gov



**STATEMENT OF TRAFFICKING LAWS AND
AUTHORIZATION FOR SEARCH**

State Form 41465 (R3 / 2-05)

State of Indiana
DEPARTMENT OF CORRECTION

The following Indiana Statutes are brought to your attention. As a person desiring to enter a correctional facility, either as an employee or for other approved purposes, it is important to understand the content of these laws.

IC 35-44-3-9 states:

(b) Except as provided in subsection (d), a person who, without the prior authorization of the person in charge of a penal facility or juvenile facility knowingly or intentionally;

(1) delivers, or carries into the penal facility or juvenile facility with intent to deliver, and article to an inmate or child of the facility;

(2) carries, or receives with intent to carry out of the penal facility or juvenile facility, an article from an inmate or child of the facility; or

(3) delivers, or carries to a worksite with intent to deliver, alcoholic beverages to an inmate or child of a jail work crew of community work crew;

commits trafficking with an inmate, a Class A misdemeanor.

(c) If the person who committed the offense under subsection (b) is an employee of:

(1) the department of correction; or

(2) a penal facility;

and the article is a cigarette or tobacco product (as defined in IC 6-7-2-5), the court shall impose a mandatory five thousand dollar (\$5,000) fine under IC 35-50-3-2, in addition to any term of imprisonment imposed under

IC 35-50-3-2.

(d) The offense under subsection (b) is a Class C felony if the article is:

(1) a controlled substance; or

(2) a deadly weapon.

A person who commits a Class A misdemeanor shall be imprisoned for a fixed term of not more than one (1) year; in addition, he/she may be fined not more than five thousand dollars (\$5,000), (IC 35-50-3-2) A person who commits a Class C felony shall be imprisoned for a fixed term of four (4) years, with not more than four (4) years added for aggravating circumstances or not more than two (2) years subtracted for mitigating circumstances. IN addition, he/she may be fined not more than ten thousand dollars (\$10,000). (IC 35-50-2-6)

It is a Class C infraction for a person to furnish an alcoholic beverage to a person confined in a penal facility. It is unlawful, also for a person who has charge of a penal facility to knowingly permit a prisoner confined within his/her jurisdiction to reserve an alcoholic beverage unless it has been prescribed by a physician as medicine for the prisoner (IC 7.1-5-10-16) or unless it is distributed as sacramental wine for a religious purpose by a minister, priest, or rabbi. (IC 7.1-1-2-3(a)(3))

A person who commits a Class infraction may be fined not more than five hundred dollar (\$500) (IC 34-28-5-4©).

I, the undersigned, have read and understand the above statutes. I recognize the potential danger of contraband or prohibited property of any nature entering or leaving the facility. I do hereby express my willingness to submit to a thorough search of my person, articles in my possession or any vehicle that I may operate on the grounds of the facility. Additionally, I understand that I or my possessions may be searched while on facility grounds at any time that the Facility Head or designee authorizes. Such searches may include my work area or post assignment or my living quarters if on State property.

I understand that refusal to submit to such a search shall be cause to be refused entrance to the facility, and may constitute grounds for disciplinary action or referral for prosecution.

Signature	Date signed (mo, day, yr)	Signature of Witness	Date signed (mo, day, yr)
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INDIANA DEPARTMENT OF CORRECTION

Application for Visiting Privileges

State Form 14387 (R2/7-08)

INSTRUCTIONS – 1. **Please Print** 2. All spaces must be completed 3. Sign the application 4. Return application to the offender's counselor as indicated at the bottom of this document 5. Do not attempt to visit until the offender notifies you that your application was approved 6. Submit legible copy of photo ID (16 & older) 7. Children 15 & under must submit a legible copy of their birth certificate. 8. A separate application must be submitted for each applicant, including children.

Offender Information	Offender Name:	DOC Number
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The above named offender has requested that you be added to his/her list of approved visitors. In order for this to be done, you must follow the directions above and YOU (or parent/guardian) must properly complete this application and return it to the facility to the attention of the counselor of the offender's housing unit (do not return it to the offender). If you are approved to visit, it will be the offender's responsibility to notify you and then send to you a copy of the rules for visitation. We DO NOT give out this information by telephone.

Applicant's Name: Last, First, Middle	Current Address (Must match ID Used)	
Driver's License Number & State of Issue #: State:	State ID No. & State of Issue or other approved ID No./Type #: State: Type:	Race
Date of Birth (MM/DD/YYYY):	Telephone Number with area code:	
Are you related to this offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	If related, how (must be immediate family)?	

Immediate family limited to mother, father, siblings, spouse, children, grandparents, grandchildren, including those with "step", "half", or adoptive relationships, aunt, uncle and those persons with the same relationship to the offender's spouse. Immediate family and 2 friends, up to a maximum of 12 persons will be allowed on the offender's contact list.

Applicant under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you on parole/probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Do you have any pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you ever been incarcerated in a penal facility in any state or any country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list where and why here. Where: Why: (Attach additional sheet if necessary)	

If the response to any question above marked (*) is "yes", you must submit a special request for visitation privileges to the Superintendent of the appropriate facility. If you are on parole/probation, you must also submit written approval from your Parole/Probation Officer.

Are you currently or formerly an employee of the Indiana Department of Correction or any Correctional facility in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give the location and the last date of employment: Location: Last Date Employment:	
Are you on any other offender's visiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Relationship: Offender DOC#: Name:	Are you now or have you ever been a volunteer at an IN correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Facility: Volunteer Type:

ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION FOR VISITATION PRIVILEGES WILL RESULT IN IMMEDIATE SUSPENSION OF VISITATION PRIVILEGES AT ALL INDIANA DEPARTMENT OF CORRECTION FACILITIES.

By your signature below you are indicating that:

- You have read, understand and agree to abide by all rules set forth by the Department of Correction in order to visit any offender at any Department facility.
- You understand that you, your property and your vehicle while on Department of Correction grounds are subject to search, including frisk searches and the use of metal detectors, ion scanning equipment and/or search dogs. You WILL be searched before being allowed to enter the visiting area. Refusal to submit to a search will result in you not being allowed to visit and you will be required to leave the facility immediately. Such refusal may restrict your ability to visit any offender in any Department of Correction facility.
- You understand that a criminal **warrants** check will be performed on you before you are allowed to visit
- You understand that possession of any firearms, weapons, knives, ammunition, narcotics, controlled substances, alcoholic beverages, marijuana, tobacco or tobacco related items or electronic devices, including cellular telephones, pagers or other communication devices is strictly prohibited. Medication and money/currency may only be possessed in accordance with Department rules.
- You understand that visits are monitored and videotaped.
- You certify that all of the information provided on this application is true, correct and as up to date as possible to the best of your knowledge and that you will notify the facility of any changes of address, telephone number, etc..

Applicant's Signature:		Date (MM/DD/YYYY):
Signature of Parent/ Legal Guardian (if under 18):		Date (MM/DD/YYYY):
FOR OFFICE USE ONLY	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of reviewing authority (Legible please):
Return To:	Facility Name & Address:	Attention Counselor of Housing Unit



AUTHORIZATION FOR MINOR CHILD TO VISIT

State Form 48965 (6-98)

TO: SUPERINTENDENT

FACILITY: Madison Juvenile Correctional Facility

OFFENDER: _____ NUMBER: _____

NAME OF MINOR CHILD(REN) AND AGE

_____	_____
_____	_____
_____	_____

This document authorizes that the above-named child(ren) is (are) authorized to visit the above-named offender who is related to them as _____. As the parent/legal guardian of this/these child(ren),

I hereby authorize the child(ren) to accompany the following person during this visit: _____

(Relationship) _____.

I am fully aware that the above-named offender is housed in a correctional facility and that any visits will occur within the correctional facility and in accordance with the facility's offender visitation procedures.

Signature of Parent/Legal Guardian

Date

Printed name of Parent/Legal Guardian

Before me, a Notary Public, in and for said County and State personally appeared, _____,
who acknowledged the truth of the statements in the foregoing affidavit on this _____ day of _____, 20_____.

Signature of Notary Public

County of residence

Printed name of Notary Public

Commission expiration date



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MADISON JUVENILE CORRECTIONAL FACILITY
1130 MSH 4th Street • Madison, Indiana 47250
Phone: (812) 265-6154 • Fax: (812) 273-8435

Bruce Lemmon
Commissioner

Dear Guardian:

We are required to have a copy of your daughter's Birth Certificate and Social Security Card on file.

Please send a **copy** of the following to my attention as soon as possible:

- ☐ Copy of your daughter's **Birth Certificate**
- ☐ Copy of your daughter's **Social Security Card**

If you are unable to locate either of the above or your daughter has never had a Social Security Card, please contact me at ext. 382.

Sincerely,

Mrs. Tonya Bray
Clerical 4/Student Records
812 265-6154 ext: 382

JUVENILE SERVICES DIVISION

PARENT/LEGAL GUARDIAN EXPECTATIONS

Parent/Legal Guardian Name: _____

Student Name: _____ DOC #: _____

As a parent/legal guardian of a student at this facility, your interest and involvement in her program is very valuable. The following information explains what will be expected of you while your daughter resides at this facility. Your initials in the spaces provided below indicate your understanding of each provision.

COMMUNICATION

_____ You are expected to keep your daughter's primary service provider and field agent updated about any changes in the home (ex: change of address, marriage, divorce, arrests, change of employment, change in residents living in the home, etc.).

_____ You are expected to maintain contact with your daughter while she is residing at this facility (phone calls, visits, mail).

_____ You are expected to communicate openly and honestly with the staff of this facility, the field agents, and community service providers regarding any issues related to your daughter.

_____ You should expect notification from the facility if there are any significant changes in your daughter's program such as transfer to another facility, medical emergency, etc.

_____ You are expected to assist the field agent in completing the Placement Confirmation.

VISITATION

_____ You are expected to know and follow all rules of visitation.

_____ You are encouraged to visit on a regular basis.

_____ You are expected to arrive on time for visitation.

_____ You are expected to complete and have notarized the *Authorization For Minor Child To Visit* form (if applicable) and complete the *List of Approved Visitors* form and return to your daughter's assigned counselor.

_____ You are expected to be aware of the trafficking laws that apply to this facility and you are expected to follow those rules.

TREATMENT

_____ You are invited and encouraged to attend designated treatment team meetings related to your daughter.

_____ You are expected to attend and participate in counseling, if recommended by the treatment team or field agent.

_____ You are expected to positively support and encourage your daughter in completing her treatment program.

_____ You are expected to be aware of the components of the Comprehensive Case Management System (CCMS) and the requirements that will be placed on your daughter to earn release.

_____ You are expected to understand that your daughter's length of stay is indeterminate and that she will be released only when she has met the requirements of the IGP/ITP, (if applicable).

TEMPORARY LEAVES (if applicable)

_____ You are expected to know and follow the rules of temporary leaves.

_____ You are expected to ensure that your daughter follows the temporary leave rules.

_____ You are expected to assist your daughter in completing her goals for the temporary leave.

_____ You are expected to assist your daughter in preparing for her release.

_____ You are expected to be on time when picking up and returning your daughter for the temporary leave.

_____ You are expected to ensure that there is no criminal activity or illegal substance use in the home while your daughter is on temporary leave.

_____ You are expected to be aware that even while your daughter is on a temporary leave, she is still a ward of the State and will be held accountable for her actions while on temporary leave.

RELEASE

_____ You are expected to ensure that your daughter follows the rules of her release and report any rule violations.

_____ You are expected to ensure that your daughter actively participates in any programs she is assigned to as a part of release.

_____ You are expected to participate in any release programs as recommended by the primary service provider, field agent or community service provider.

_____ You are expected to positively support your daughter in her achievement of release expectations.

_____ You are expected to ensure that there is no criminal activity or illegal substance use in the home once your daughter has been released.

_____ It is the guardians responsibility to pick up their daughter at this facility upon release.

By initialing by each of your expectations, you are indicating your understanding of that expectation. If you do not understand an expectation, please feel free to contact your daughter's counselor. You agree to abide by these expectations and understand that by not cooperating you could jeopardize the placement of your daughter in your home.

Parent/Legal Guardian Signature

Date

Witness Signature

Date

MJCF Rules, Policies, and Guidelines

(Revised January 2014)

The Madison Juvenile Correctional Facility is a Therapeutic-Community based correctional facility. If feasible, our goal is that a student returns to the care of her parent(s) or guardian(s) upon release from this facility. In order to reach this goal, it is necessary for parents to recognize and accept certain responsibilities that they must carry out if the student's adjustment to this program and eventual homecoming is to be successful.

The student who is the most successful in this program and who has the best chance for a successful re-entry into the home is the student who is able to maintain positive family ties while at the facility. This is, of course, a two-way street. The parents must provide the student with the opportunity to do this.

The facility's visitation policy is designed for this purpose. Visitation allows the family to be aware of any positive changes the student makes while at the facility. This continued contact also makes the transition from the facility to the home much easier. As a result of this contact, the student and her family are able to maintain and often improve their relationship.

VISITATION POLICY AND RULES

Visitation with students committed to the Indiana Department of Correction is a privilege. Visitation may be restricted, denied or suspended if a student and/or visitor does not follow the Department's visitation rules. Current employees of the Department of Correction must have written permission from the Superintendents of both facilities prior to being allowed to visit. Ex-employees who have been terminated from employment or who resigned prior to being terminated or while under investigation for violation of Department policy shall not be permitted to visit any students. Ex-students and students currently on probation or parole must have permission from both their supervising agents and the Superintendent of the facility before being allowed to visit. Such visits will be limited to immediate family members only.

Visitors who require reasonable accommodations for a disability must contact the facility prior.

Please note that once a visit begins, no one else will be permitted to enter the visit. Additionally, visitors will not be permitted to re-enter the visitation area once they leave.

- 1. VISITATION ORIENTATION:** Visitation is a very important component of a student's stay at MJCF. It is important that parents/guardians continue to support the student and reinforce the positive changes being made. It is also important for the parent/guardians, and the staff of MJCF to realize they are on the same team and have the same goal; which is to help the students leave the facility with an ability to succeed in the community. We encourage parents/guardians to visit, ask questions, learn about our program and be involved with the treatment of their child. Please feel free to contact your child's counselor to ask questions, make comments, and stay updated on your child's progress.

If a parent/guardian has completed visitor orientation, this individual will not have to complete the visitor orientation again unless the student has been released from the facility and has been gone for 6 months or longer before returning. This provision includes parents/guardians with a child that is released from the facility when another sibling could be admitted to the facility within that six (6) month period.

Visitor Orientation can be completed over the phone with the student's counselor on a pre-scheduled appointment or at the facility prior to your first visit.

- 2. VISITORS LIST:** In order to visit a student, the visitor must be on the student's pre-approved visitor's list. Visitors are limited to family members such as mother, father, brother, sister, grandparents and legal guardians including those with a "step" or "half" or adoptive relationship. Visitors shall be permitted to visit only one (1) offender within the Department unless the visitor has other immediate family members incarcerated in a Department facility. Therefore, unless the visitor has other immediate family members in different facilities, the visitor shall not be allowed to visit other offenders

in other Department facilities. Students are allowed up to four (4) approved visitors at the visit, unless pre-approved by the student's counselor.

The following forms must be completed and returned to the student's counselor for approval of visitation and entered on the approved Visitor's List:

PERSONS 16 OR OVER:

- Application for Visiting Privileges
- Valid picture ID (address on ID must match address on Application for Visiting Privileges form and Background Check form)

PERSONS UNDER 16

- Application for Visiting Privileges
- Copy of Birth Certificate
- Authorization for Minor Child to Visit (**ONLY** if child is brought to this facility by someone other than the child's legal guardian)

Please note that when a criminal history is found, the application will be reviewed and a decision made on a case-by-case basis. The information on the applicant's criminal history is treated as confidential and will not be released to the student. Once a decision is made either approving or denying the application, the student shall be notified. The counselor is responsible for advising applicants that their applications have been approved or denied. The applicant's approved visiting application must be on file prior to visiting.

Visitors may have their names removed from a student's visiting list by making that request in writing. Once the name is removed, the visitor must wait six (6) months before applying to visit the same or another student. Exceptions may be made for immediate family members.

3. **LIABILITY:** Visitors enter Department facilities and the visiting areas at their own risk. The Department of Correction will assume no liability for any injuries or damage or loss of property as a result of a person entering a visiting area or any other area within a facility.
4. **SEARCHES:** All vehicles entering the facility are subject to search. Anyone refusing a search of their vehicle will be required to exit the facility immediately. All visitors entering a Department of Correction facility shall be minimally subject to a frisk search by staff which shall include the breast and groin area being physically searched. With the visitor's consent, this search may be conducted by staff of either gender. Additionally, visitors entering visiting areas shall be subject to additional searches using metal detectors and ion scanning equipment. Specially trained searched dogs (K-9s) may be used as a part of the search process both prior to a visitor entering the visiting area and in the actual visiting room during visits. Any person refusing to be searched at any time shall not be permitted to enter the facility and a visit may be terminated if a visitor refuses to be searched or contraband or prohibited property are found on the visitor or in the visitor's property. If a visitor does not wish to be searched either by hand or by using other means, the visitor should not attempt to enter a Department of Correction facility.
5. **REGISTRATION:** Visitors must register with staff prior to entering the visiting area. Visitors will be required to sign the entry log and be approved for the visit before they will be allowed to enter the visiting area.
6. **IDENTIFICATION:** All visitors who are 16 years old or more shall be required to show a picture identification. All visitors (including minors) must present valid identification each time they visit. If there has been a change in address, the visitor must obtain a valid Identification which shows the current address on file. If the address on the valid Identification does not match the address on file, the visitation will be denied. The only forms of identification accepted by the DOC are:
 - a valid driver's license from the state of residence
 - a valid state photo identification card from the state of residence
 - a valid photo military identification card (active duty only)
 - a valid passport.
 - a valid government identification card, including foreign governments
7. **CHILDREN:** Visitors under the age of 18 years of age must be accompanied by their parent or legal guardian at all times while on facility grounds. Children shall not be left alone at any time while on

facility grounds. Parents or legal guardians shall be responsible for the behavior of their children and a visit may be ended if the children become disruptive.

8. **DRESS STANDARDS:** Visitors shall wear clothing that poses no threat to the security, custody or maintenance of order at the facility. The following standards are to be met:
 - Undergarments must be worn at all times.
 - Shoes must be worn, except for infants who are carried.
 - Tight fitting, such as stirrup, lycra pants, or leggings, shall not be worn.
 - Dresses, skirts, or shorts must be no shorter than two (2) inches above the knee and not have deep slits.
 - Halter or tank tops, tube tops, sheer, see-through, or low-cut clothing is not permitted.
 - All visitors must wear a shirt/blouse with sleeves.
 - No jewelry, except a wedding band or set, may be worn in the visitation area.
 - Hats or other head coverings are not permitted, except as required by religious beliefs.
 - No heavy coats or sweaters will be permitted in the visiting area (based on weather).
 - Articles of clothing that advertise alcohol, tobacco, illegal substances, satanic, racial or gang references are not permitted.
 - Any clothing with sexual implications of any type are not permitted.
 - Hats and sunglasses are not to be worn inside any building.
9. **ITEMS NOT PERMITTED:** Visitors shall not be permitted to possess or carry the following items into the visiting area: Firearms, weapons, knives, ammunition, narcotics, medication (unless the medication is life-saving or life-sustaining, such as nitroglycerin pills, oxygen bottles, bee sting kits, inhalers, etc), controlled substances, alcoholic beverages, marijuana, tobacco and tobacco related items, cameras, video and audio recording equipment and electronic devices, including, but not limited to: cameras, cellular telephones, pagers, blackberries, radios, tape recorders, etc. Visitors may not carry anything into the visiting areas except: identification, \$20.00 in change, personal keys, one (1) clear, plastic baby bottle and/or pacifier and one (1) diaper. **If life-saving or life-sustaining medication is brought to the facility, the visitor must advise the staff at the visiting desk that they are carrying such medications.**
10. **MONEY:** Student may receive \$20.00 per day worth of vending machine products from her visitors. You will be required to report the dollar amount that you are spending for the student to assure that the student is not receiving more than the allotted amount. The \$20.00 should be in change, not bills, as there may not be a change machine available for the vending machines.
11. **CONTACT BETWEEN STUDENTS AND VISITORS:** Students who have "contact" visits may embrace (hug) and kiss at the beginning and at the end of the visit. During the visit, the only contact permitted is holding hands. Small children may be permitted to sit on the lap of the visitor or offender. Any improper contact between an offender and visitor shall be grounds for stopping the visit immediately and possible restrictions on the visitor's ability to visit the offender. Socialization with other visitors and/or students is prohibited. You are not to talk from table to table to other visitors or students. If you would like to socialize with other visitors, it must be done outside of the visiting room. Restroom breaks may be authorized, however, visitors will be subject to the entire search process.
12. **TRAFFICKING:** The giving or receiving of any item(s) to/from a student without the prior approval of staff shall be considered trafficking. Visitors caught trafficking with offenders shall be subject to arrest and criminal prosecution and the permanent denial of visits with any offender under the jurisdiction of the Department of Correction. The only exception to this rule is that a visitor may purchase soft drinks or snacks from the vending machines in the visiting area and share them with the student. The student shall not be permitted to take anything out of the visiting area when the visit is finished.
13. **VISITING HOURS:** Saturday, Sunday, and/or *State holidays. Visitation hours are 8:00 a.m. – 12:00 p.m. and 1:00 p.m. – 7:30 p.m. Monday through Friday non-holidays 8:30 a.m. – 12:00 p.m., 1:00 p.m. - 3:30 p.m. (school hours). (*School hour visits must be pre-authorized with Counselor approval) and regular visitation hours 3:30 p.m. – 7:30 p.m. Each Visit will be for a 2 hour time limit. Extended

time visits must be pre-authorized and scheduled through the Counselor. Parent tours of the facility are available upon request. Please schedule through your child's counselor.

- 14. SPECIAL VISITS:** Special visits will be granted on a case by case basis with prior approval from the Commissioner or Superintendent/Designee. It will be the responsibility of the student's counselor to coordinate this with the student's family. Special visits may include: visits on other than the designated visiting days/times, visits for hospitalized youth, special visitors approved for one time only or visits for emergency reasons.
- 15. DIRECTIONS:** If you plan to drive to the facility where the student is housed, you may telephone the facility for the driving directions or you may check the Internet site for the Indiana Department of Correction (www.in.gov/idoc) and find the directions under the name of the facility you wish to visit.
- 16. SEX OFFENDER STUDENT VISITATION:** Students who have been convicted of sex crimes involving persons under the age of 18 years old may be denied visitation with any persons under the age of 18 years old. In these cases, the student shall be made aware of this restriction and may appeal the decision to deny these visits. Visitors should be aware of this restriction before attempting to bring persons under the age of 18 to visit.
- 17. TERMINATION OF VISITS:** The Superintendent of the facility or staff designated by the Superintendent may terminate a visit at any time if they believe that ending the visit is in the best interests of the safety and security of the facility or the persons involved. Failure to follow facility rules, belligerent behavior on the part of the visitor, trafficking, or other violations may result in the student and their visitors being limited to non-contact visitation; suspension of visiting privileges or termination of visitation privileges. If you have questions regarding your experience visiting our facility, please address it with the student's counselor.
- 18. SUSPENSION OF VISITING PRIVILEGES:** The Superintendent of the facility may temporarily or permanently suspend a person's visiting privileges for violation of these rules, violation of Department of Correction or facility procedures, or if it is in the best interests of the safety and security of the facility or persons involved. Visitors shall be notified in writing of any suspension of visiting privileges and shall be permitted to appeal the suspension to the appropriate Executive Director of Juvenile Services.

COMPREHENSIVE CASE MANAGEMENT SYSTEM (CCMS)

The Comprehensive Case Management System (CCMS) is used to provide standardized and effective levels of interventions and provide a seamless continuum of services and programs that promote the development of healthy students through accountability and competency development, while providing appropriate levels of supervision that ensure public safety. CCMS is divided into four (4) phases: Intake, Growth, Re-Entry and Aftercare.

ORIENTATION: During this level, students will familiarize themselves with the routine of the facility, as well as the rules. They will meet with their counselor and be prepared for their first meeting with the treatment team.

LEVEL ONE ACKNOWLEDGEMENT: At this stage, the treatment team is looking for the student to honestly acknowledge the issues that they had that led to their incarceration and the problems that need to be dealt with. There is little expectation that there will be a great change in behavior at levels one and two.

LEVEL TWO UNDERSTANDING: During this stage, it is expected that the student will come to understand why they have the problems that they do, and also understand the changes that need to be made.

LEVEL THREE APPLICATION: At this stage, it is expected that student's have learned new skills in regards to the way that they address issues and problems in their lives. It is expected that during this levels, students will begin to regularly use these new pro-social skills as an alternative to their previous methods of problem solving. It is expected that students will continue to struggle with these skills and consistent reinforcement from the team is necessary.

LEVEL FOUR DEMONSTRATION: Level four students are expected on consistently demonstrate their new skills in the situations where they are comfortable, as well as new situations. Students may be eligible for trips off campus to different activities or may be put into positions that require them to

exhibit added responsibility. Once a student successfully completes level four, they must be voted unanimously to promote and meet with the Administrative Review Committee (ARC). The ARC will vote to promote the student to the re-entry phase or maintain on level four.

RE-ENTRY: Students promoted to the re-entry phase will be required to develop a re-entry plan with the help of the treatment team. In general, the goals of re-entry are to prepare the student for release by addressing issues that the student will face upon release. Such issues may include: school, neighborhood, family and choice of peers. Appointments are to be set at this time for ongoing needs such as mental health and substance abuse counseling. Community service may be done at this time. Once the student has completed this level, the ARC team must vote unanimously promote to release the student. The student is released the following Monday after ARC, or Tuesday if Monday is a holiday.

TEMPORARY LEAVE PASSES – REENTRY PHASE

Once the student has completed all program levels (Growth Phase I – IV) and approved by the Administrative Review Committee to the Reentry Phase, and a pre-placement investigation approval from the SPA is received, the student could be eligible for Temporary Leave (off-ground) passes. Temporary Leave passes are a privilege and can be removed by the Superintendent or designated persons at any time.

If you move during this phase, you must contact the counselor immediately. Another placement investigation at the new address must occur before your daughter can go on Temporary Leave passes at this residence.

Students may not be transported for home visits by anyone other than parents/legal guardian or specifically approved adults.

A telephone call from the parent/guardian to the counselor is required weekly **before 3:00 p.m. on Thursday** to make arrangements for off-ground visitations.

Students are required to obey all the stipulations listed on their temporary leave agreement.

Students are expected to remain under the direct supervision of their parent/guardian for the duration of the visit. Parents/guardian must have knowledge of their daughter's whereabouts at all times.

Students must adhere to a curfew of 9:00 p.m. – 7:00 a.m. while visiting their home.

It is the student's responsibility to ensure that she returns to the facility on time. Weather, vehicle and road conditions must be taken into account by each student to ensure that she returns on time.

Before a student is allowed an overnight home visit, a working telephone must be installed in your home and a telephone bill showing the correct address and phone number must be received by the student's counselor.

Students are not allowed to smoke or possess any tobacco products during their assignment to the Madison Juvenile Correctional Facility.

Facility staff will make calls to your home during temporary leaves to ensure that your daughter is abiding by curfew restrictions.

GENERAL MAIL GUIDELINES

All written correspondence shall have proper postage, a complete return address in upper left-hand corner, student's name and DOC number included in the address. Additionally, correspondence shall not be written in codes or include symbols. **You cannot include mail from other incarcerated individuals or from any person on parole, probation/community supervision, etc. Only photographs may be included with your mail. Decorative stickers on the envelope and/or letter are not permitted. Greeting cards with parts attached (e.g., musical cards) are also not permitted.** All correspondence is subject to search for inappropriate materials/content. For additional mail options, please see JPay listed on the next page.

TELEPHONE GUIDELINES

The number and length of telephone calls students may make is limited. Your student's counselor approves and changes all phone lists. Initially, students are only authorized to telephone their legal guardian while on the orientation unit. Once a student is assigned to her living unit, students may add other immediate family, if approved by her counselor. Students can purchase phone minutes through Commissary in \$5.00 increments to call anyone on her approved phone list. Or the owner of the phone can set-up their phone (landline and/or cell) through PCS Daily Dial by calling 1-888-288-9879 or logging on to www.pcsdailydial.com.

COMMISSARY GUIDELINES

JPAY

The Trusted Leader in inmate services

You must be on the student's approved visitor list in order to send money to the student's trust fund account.

About Us – JPay – We try to make life easier for you.

If you have friends or loved ones who are inmates; JPay is the fastest way to put money into an inmate's trust account with the money generally credited by the following morning – sometimes sooner. To send money, friends and family can use a credit or a debit card. To learn more about a particular state's details, sign up for a free account. You will need the offender's name and identification information. No credit card information is needed to sign up.

Trust Account Payments – JPay is the fastest way for an inmate's loved one to send money to an inmate. With JPay, the money is generally credited to the inmate's account by the following morning.

To see if JPay is available to your inmate, simply go through the steps to register. You will first be asked for the inmate name and number. If it matches our database you will be able to proceed.

For more information about a particular state's timing schedule or service fees, please sign up for a free account.

Electronic Inmate Mail – JPay mail is the fastest way to send a letter to an inmate. First you type your letter using the JPay website. Then your letter is printed in the mail room and delivered to the inmate. Letters are generally delivered to an inmate within 24 working hours, sometimes sooner.

This new service is only available in certain states. If you don't see a mail option once you log in, then your inmates are currently unable to receive JPay Mail.

JPay also knows where an inmate is housed at all times. If an inmate is transferred between housing units or between facilities, the JPay Mail System will know.

How Does this Work?

Go to www.jpays.com to purchase electronic postage and write your letter online. The letter is then delivered to the JPay facility interface which is downloaded to the facility mailroom. Mailroom staff will review and print mail daily. All approved letters will be delivered to the inmate within 24 working hours of approval.

Help Desk

Email support@jpays.com or call 800-574-5729: available 24-7.

Learn More about JPay Security

The security of your personal and payment information is our number one priority. With the industry's most-advanced encryption and fraud prevention, JPay is dedicated to keeping your account safe and secure.

JPAY automatically encrypts your confidential information in transit from your computer to ours using the Secure Sockets Layer protocol (SSL) with an encryption key length of 128-bits (the highest level commercially available). Before you even register or log in to our site, our server checks that you're using an approved browser – one that uses SSL 3.0 or higher.

Once your information reaches us, it resides on a server that is guarded both physically and electronically. Our servers are located behind an electronic firewall not directly connected to the Internet, so your personal information is heavily protected.

***2014 State Holidays (observed)**

New Year's Day	January 1, 2014
Martin Luther King, Jr. Day	January 20, 2014
Good Friday	April 18, 2014
Primary Election Day	May 6, 2014
Memorial Day	May 26, 2014
Independence Day	July 4, 2014
Labor Day	September 01, 2014
Columbus Day	October 13, 2014
General Election Day	November 04, 2014
Veteran's Day	November 11, 2014
Veteran's Day	November 12, 2014
Thanksgiving Day	November 27, 2014
Lincoln's Birthday	November 28, 2014
Washington's Birthday	December 25, 2014
Christmas Day	December 26, 2014



Michael R. Pence
Governor

MADISON JUVENILE CORRECTIONAL FACILITY
1130 MSH 4th Street • Madison, Indiana 47250
Phone: (812) 265-6154 • Fax: (812) 273-8435

Bruce Lemmon
Commissioner

To: Whom it may concern

From: James Stanley, Psychiatric Technician

Should your daughter currently participate in mental health services or do so in the future, our Psychiatric clinic is held every Tuesday from 9 a.m. to 1 p.m. Students meet with mental health professionals monthly or more frequently for counseling and/or medication management, depending on the student's mental health needs. We encourage you to meet with or contact by phone the assigned mental health professionals to provide input or share concerns regarding your daughter's treatment. You can contact our mental health professionals at the contact numbers listed below to schedule an appointment. We encourage you to contact your daughter's mental health professionals by phone if you have any questions and/or concerns.

Please complete the enclosed Developmental History form and return it to the mental health department. The student's developmental history is important for the mental health staff to make an informed decision regarding the necessary type of services, such as counseling and/or medications.

After seeing our psychiatrist, Dr. Burdine, a form related to the student's psychiatric medications will be mailed to you. This allows you to voice any comments or concerns related to her psychiatric care, have them reviewed by the facility Superintendent, and addressed by the psychiatrist.

Sincerely,

Dr. Laura Moseng, Lead Psychologist

(812) 265-6154, ext. 388

Kerri Miller, Mental Health Professional

(812) 265-6154, ext. 322

Jon Browning, Mental Health Professional

(812) 265-6154, ext. 336

Ken Cravens, Mental Health Professional

(812) 265-6154, ext. 384

James Stanley, Psychiatric Technician

(812) 265-6154, ext. 389



JUVENILE DEVELOPMENTAL HISTORY QUESTIONNAIRE

State Form 54395 (9-10)

INDIANA DEPARTMENT OF CORRECTION

INSTRUCTIONS: To be completed by parent(s) or primary caregiver and returned to the Mental Health Department at the Youth's current correctional facility. Please carefully review all questions and answer to the best of your ability. Notably, not all questions will apply to your child / dependent. A mental health professional assigned to your child / dependent may contact you to clarify answers or obtain further information. Please describe emotional / behavioral concerns about youth, as they apply.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD / ADHD)

Please describe the age of onset for behaviors that you think may be associated with ADD / ADHD. Age of youth in years: _____

Please describe the severity of such behaviors.

☐ Mild ☐ Mild-moderate ☐ Moderate ☐ Moderate-severe ☐ Severe ☐ Incapacitating

Please describe the current status of such behaviors.

☐ Worse ☐ No Change ☐ Improved ☐ Resolved

Please describe the current frequency of such behaviors.

☐ Random ☐ Constant ☐ Daily ☐ Weekly ☐ Monthly

Please describe the youth's quality of life.

Behaviors create problems at home. ☐ Yes ☐ No

Behaviors create problems at school. ☐ Yes ☐ No

Behaviors create problems at work. ☐ Yes ☐ No

Behaviors create problems socially. ☐ Yes ☐ No

Other _____

Please describe the context of such behaviors.

Behaviors have persisted for greater than six (6) months. ☐ Yes ☐ No Behaviors began before age seven (7). ☐ Yes ☐ No

Lead exposure ☐ Yes ☐ No

Other _____

Please describe aggravating factors.

Deadlines ☐ Yes ☐ No

Distractions ☐ Yes ☐ No

Stress ☐ Yes ☐ No

Tasks requiring attention to detail ☐ Yes ☐ No ☐ Nothing

Other _____

Please describe relieving factors.

Behavior therapy ☐ Yes ☐ No Dietary modification ☐ Yes ☐ No Stimulant medications ☐ Yes ☐ No ☐ Nothing

Other _____

Please describe associated symptoms.

Bored easily ☐ Yes ☐ No

Difficulty waiting turn. ☐ Yes ☐ No

Disorganized ☐ Yes ☐ No

Distracted easily ☐ Yes ☐ No

Emotionally labile ☐ Yes ☐ No

Excitable ☐ Yes ☐ No

Fidgets / squirms ☐ Yes ☐ No

Frequent careless mistakes ☐ Yes ☐ No

Frustrated easily ☐ Yes ☐ No

Impulsive ☐ Yes ☐ No

Inattentive ☐ Yes ☐ No

Loses / forgets things. ☐ Yes ☐ No

Poor self-image ☐ Yes ☐ No

Reckless ☐ Yes ☐ No

Restless ☐ Yes ☐ No

Short attention span ☐ Yes ☐ No

Talks excessively ☐ Yes ☐ No

Unable to follow directions ☐ Yes ☐ No

☐ No associated symptoms

Other _____

Additional comments

DEPRESSION

Please describe the age of onset for behaviors that you think may be associated with depression. Age of youth in years: _____

List the year of the first episode of depressive behavior or symptoms. _____

If treated, list the initial visit date (month, day, year). _____

Please describe the current frequency of such behaviors.

- ☐ Several days in the past two (2) weeks
 ☐ More than half the days in the past two (2) weeks
☐ Nearly every day in the past two (2) weeks
 ☐ Two (2) years or more without a significant break in symptoms
 Other _____

Please describe the current status of such behaviors.

- ☐ New episode
 ☐ Improved
 ☐ Remission
 ☐ Unchanged
 ☐ Worsening

Please describe the severity of such behaviors.

- ☐ Mild
 ☐ Mild-moderate
 ☐ Moderate
 ☐ Moderate-severe
 ☐ Severe
 ☐ Incapacitating

Please describe context / risk factors associated with youth's past medical / psychological history.

- ☐ Alcohol use
 ☐ Childhood abuse or neglect
 ☐ Death of a friend or loved one
☐ Financial worries
 ☐ Medication: _____
☐ Recent childbirth
 ☐ Relationship problems
 ☐ Social isolation
☐ Substance abuse
 ☐ Unemployment
 ☐ Victim of abuse or violence
 Other _____

Please describe the youth's level of functioning with difficulty in meeting home, work, or social obligations.

- ☐ Extremely
 ☐ Not at all
 ☐ Somewhat
 ☐ Very

Please describe aggravating factors.

- ☐ Alcohol use
 ☐ Conflict or stress at home or work
 ☐ Lack of sleep
 ☐ Medications
☐ Traumatic memories
 ☐ Winter season
 ☐ Nothing
 Other _____

Please describe relieving factors.

- ☐ Alcohol
 ☐ Conversing
 ☐ Drugs
 ☐ Exercise
 ☐ Light
☐ Medication
 ☐ Nothing
 ☐ Rest
 ☐ Spring season
 Other _____

Please describe associated symptoms.

- | | | | |
|---|--|---|--|
| Anxious, fearful thoughts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Compulsive thoughts or behaviors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Depressed mood | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diminished interest or pleasure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fatigue or loss of energy | <input type="checkbox"/> Yes <input type="checkbox"/> No | Feeling of guilt or worthlessness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hallucinations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Manic episodes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Panic attacks | <input type="checkbox"/> Yes <input type="checkbox"/> No | Poor concentration, indecisiveness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restlessness or sluggishness | <input type="checkbox"/> Yes <input type="checkbox"/> No | Significant change in appetite (weight loss or gain > 5%) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sleep disturbance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Thoughts of death or suicide | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> No associated symptoms | | | |
| Other _____ | | | |

Additional comments:

OTHER AREA OF CONCERN

Such as: ☐ Anxiety ☐ Trauma ☐ Psychosis ☐ Self-harm ☐ Violence toward others

Other _____

Please describe the age of onset for behaviors that you think may be associated with the other area of concern. Age of youth in years: _____

Please describe the severity of such behaviors.

☐ Mild ☐ Mild-moderate ☐ Moderate ☐ Moderate-severe ☐ Severe ☐ Incapacitating

Please describe the current frequency of such behaviors.

<input type="checkbox"/> Two (2) times per week	<input type="checkbox"/> Three (3) times per week	<input type="checkbox"/> All the time
<input type="checkbox"/> Almost all the time	<input type="checkbox"/> Almost always	<input type="checkbox"/> Almost never
<input type="checkbox"/> Always	<input type="checkbox"/> Constantly	<input type="checkbox"/> Daily
<input type="checkbox"/> Every month	<input type="checkbox"/> Every two (2) months	<input type="checkbox"/> Frequently
<input type="checkbox"/> Intermittently	<input type="checkbox"/> Never before	<input type="checkbox"/> Morning only
<input type="checkbox"/> Night only	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Persistently
<input type="checkbox"/> Rarely	<input type="checkbox"/> Weekly	<input type="checkbox"/> No pattern

Other _____

Please describe the current status of such behaviors.

<input type="checkbox"/> Improved	<input type="checkbox"/> Improvement, gradual	<input type="checkbox"/> Improvement, rapid
<input type="checkbox"/> Improvement, steady	<input type="checkbox"/> No change	<input type="checkbox"/> No relief
<input type="checkbox"/> Relief, temporary	<input type="checkbox"/> Resolution of problem	<input type="checkbox"/> Worse
<input type="checkbox"/> Worse, gradually	<input type="checkbox"/> Worse, rapidly	<input type="checkbox"/> Worse, steadily

Please describe the youth's level of functioning with difficulty in meeting home, work, school, or social obligations.

☐ Extremely ☐ Not at all ☐ Somewhat ☐ Very

Please describe aggravating factors that seem to make the behavior or symptom worse.

Please describe relieving factors that seem to make the behavior or symptom better.

Please describe associated symptoms or behaviors displayed by the youth.

Additional comments:

OTHER AREA OF CONCERN

Such as: ☐ Anxiety ☐ Trauma ☐ Psychosis ☐ Self-harm ☐ Violence toward others

Other _____

Please describe the age of onset for behaviors that you think may be associated with the other area of concern. Age of youth in years: _____

Please describe the severity of such behaviors.

☐ Mild ☐ Mild-moderate ☐ Moderate ☐ Moderate-severe ☐ Severe ☐ Incapacitating

Please describe the current frequency of such behaviors.

<input type="checkbox"/> Two (2) times per week	<input type="checkbox"/> Three (3) times per week	<input type="checkbox"/> All the time
<input type="checkbox"/> Almost all the time	<input type="checkbox"/> Almost always	<input type="checkbox"/> Almost never
<input type="checkbox"/> Always	<input type="checkbox"/> Constantly	<input type="checkbox"/> Daily
<input type="checkbox"/> Every month	<input type="checkbox"/> Every two (2) months	<input type="checkbox"/> Frequently
<input type="checkbox"/> Intermittently	<input type="checkbox"/> Never before	<input type="checkbox"/> Morning only
<input type="checkbox"/> Night only	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Persistently
<input type="checkbox"/> Rarely	<input type="checkbox"/> Weekly	<input type="checkbox"/> No pattern

Other _____

Please describe the current status of such behaviors.

<input type="checkbox"/> Improved	<input type="checkbox"/> Improvement, gradual	<input type="checkbox"/> Improvement, rapid
<input type="checkbox"/> Improvement, steady	<input type="checkbox"/> No change	<input type="checkbox"/> No relief
<input type="checkbox"/> Relief, temporary	<input type="checkbox"/> Resolution of problem	<input type="checkbox"/> Worse
<input type="checkbox"/> Worse, gradually	<input type="checkbox"/> Worse, rapidly	<input type="checkbox"/> Worse, steadily

Please describe the youth's level of functioning with difficulty in meeting home, work, school, or social obligations.

☐ Extremely ☐ Not at all ☐ Somewhat ☐ Very

Please describe aggravating factors that seem to make the behavior or symptom worse.

Please describe relieving factors that seem to make the behavior or symptom better.

Please describe associated symptoms or behaviors displayed by the youth.

Additional comments:

OTHER AREA OF CONCERN (continued)

Please describe any **outpatient mental health treatment** that the youth was receiving in the community at the time of detention or incarceration.

- ☐ None
- ☐ Day treatment (setting with both schooling and mental health treatment)
- ☐ After care (follow up treatment after release from a psychiatric hospital)
- ☐ Psychiatric medications
- ☐ Psychotherapy (individual, group, or family counseling)

Other _____

Briefly describe the nature of such treatment:

SOCIAL HISTORY

Youth **primarily** resides with:

- | | | |
|--|--|--|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Father | <input type="checkbox"/> Two (2) mothers |
| <input type="checkbox"/> Two (2) fathers | <input type="checkbox"/> Adoptive mother | <input type="checkbox"/> Adoptive father |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Foster mother |
| <input type="checkbox"/> Foster father | <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Sister(s) |
| <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Half sister(s) | <input type="checkbox"/> Half brother(s) |
| <input type="checkbox"/> Multiple families | <input type="checkbox"/> Stepbrother(s) | |

Other _____

Youth **secondarily** resides with:

- | | | |
|--|--|--|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Father | <input type="checkbox"/> Two (2) mothers |
| <input type="checkbox"/> Two (2) fathers | <input type="checkbox"/> Adoptive mother | <input type="checkbox"/> Adoptive father |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Foster mother |
| <input type="checkbox"/> Foster father | <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Sister(s) |
| <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Half sister(s) | <input type="checkbox"/> Half brother(s) |
| <input type="checkbox"/> Multiple families | <input type="checkbox"/> Stepbrother(s) | |

Other _____

Please describe youth's **tobacco exposure**.

Smokes at home: ☐ Yes ☐ No

Smokes outside only: ☐ Yes ☐ No

Please describe typical **child care** arrangements for youth.

- | | | | |
|--------------------------------------|---------------------|----------------------------------|---------------------|
| <input type="checkbox"/> Mother | Days per week _____ | <input type="checkbox"/> Father | Days per week _____ |
| <input type="checkbox"/> Grandparent | Days per week _____ | <input type="checkbox"/> Sibling | Days per week _____ |
| <input type="checkbox"/> Nanny | Days per week _____ | <input type="checkbox"/> Daycare | Days per week _____ |
| <input type="checkbox"/> Sitter | Days per week _____ | | |

Name of daycare facility _____

Please describe youth's **hand dominance**. ☐ Right ☐ Left

Please describe youth's **parent / caretaker's occupation**.

Occupation of father _____

Occupation of caretaker _____

Occupation of mother _____

SOCIAL HISTORY (continued)

Please describe youth's **parents' relationship**.

- ☐ Married
 ☐ Divorced
 ☐ Separated
☐ Never together
 ☐ Father incarcerated
 ☐ Mother incarcerated

Please describe youth's **relationships**.

- Cooperates with family / friends ☐ Yes ☐ No
 Cooperates with teachers ☐ Yes ☐ No
 Has enough friends ☐ Yes ☐ No
 Has friends of both sexes ☐ Yes ☐ No
 Concerns about relationships with family / friends / others ☐ Yes ☐ No

Please briefly describe **concerns** about youth's relationship with others:

Please describe youth's **relationship with sibling(s)**.

- ☐ Good
 ☐ Strained
 ☐ Wonderful
 Other _____

Please describe youth's **home environment**.

Language(s) spoken at home: _____

Neighborhood type:

- ☐ Inner-city
 ☐ Rural
 ☐ Suburban
 ☐ Urban
 Other _____

Home type:

- ☐ Apartment
 ☐ Condominium
 ☐ Duplex
 ☐ Single-family
 Other _____

Home age:

- ☐ New
 ☐ Less than ten (10) years
 ☐ Ten (10) to Twenty-five (25) years
 ☐ Pre 1978
☐ Pre 1960
 ☐ Pre 1950
 ☐ Historic
 ☐ Unknown

Home affords adequate privacy. ☐ Yes ☐ No

Home affords adequate safety. ☐ Yes ☐ No

Water is chlorinated ☐ Yes ☐ No

Water is fluoridated ☐ Yes ☐ No

Lead in the home (if known) ☐ Yes ☐ No

Water Source is: ☐ Municipal ☐ Well

Please describe youth's **safety**

Uses bike / skating helmet ☐ Yes ☐ No

Carbon Monoxide detector ☐ Yes ☐ No

Smoke detectors in home ☐ Yes ☐ No

Radon in home ☐ Yes ☐ No ☐ Untested ☐ Treated

Pets / animals at home ☐ Yes ☐ No

Type of animals: _____

Firearms in the home ☐ Yes ☐ No

Number of firearms: _____

Locked firearm storage ☐ Yes ☐ No

Trigger guard ☐ Yes ☐ No

Ammunition stored separately ☐ Yes ☐ No

Unloaded for storage ☐ Yes ☐ No

Firearms kept for:

- ☐ Recreation
 ☐ Hunting
 ☐ Occupation
 ☐ Protection

Comments related to firearms:

Please describe youth's **education**.

Name of school _____

Grade in school _____

Grades earned:

- ☐ All A's
 ☐ A's and B's
 ☐ B's
 ☐ B's and C's
 ☐ C's
 ☐ C's and D's
 ☐ D's
 ☐ D's and F's
 ☐ All F's

SOCIAL HISTORY (continued)

Learning disability ☐ Yes ☐ No If yes, please describe:

- ☐ Articulation disorder ☐ Dyscalculia ☐ Dyslexia ☐ Expressive language disorder
☐ Motor skills disorder ☐ Receptive language disorder ☐ Writing disorder

Other _____

Special needs ☐ Yes ☐ No If yes, please describe:

- ☐ ADD ADHD ☐ Behavior problems ☐ Excessive absences ☐ Failing ☐ IEP in place
☐ IEP pending ☐ Math ☐ Math and reading ☐ Physical disability ☐ Reading
☐ Special needs classroom ☐ SPED / LD ☐ Speech

Gifted program ☐ Yes ☐ No

Performing: ☐ Below grade level ☐ At grade level ☐ Above grade level

Likes school ☐ Yes ☐ No Truancy ☐ Yes ☐ No

Youth's educational goals:

- ☐ Get a job ☐ College ☐ Graduate from high school ☐ Military career ☐ Professional school

Other _____

Repeated grades ☐ Yes ☐ No

Grade(s) repeated _____

Why? _____

History of suspension or expulsion ☐ Yes ☐ No

Why? _____

Please describe youth's sleep.

- Takes naps ☐ Yes ☐ No Sleeps with parents / caretakers ☐ Yes ☐ No
Sleeps through the night ☐ Yes ☐ No Minimum of 8.5 hours sleep nightly ☐ Yes ☐ No
Nightmares / sleep problems ☐ Yes ☐ No

Further detail about youth's sleep quality.

- ☐ No concerns ☐ Has difficulty falling asleep ☐ Has difficulty staying asleep ☐ Has night terrors
☐ Has nightmares ☐ Has restless sleep ☐ Sleepwalks ☐ Sleeps through the night

Further detail about youth's sleep location.

- ☐ In own room ☐ In parents' bed ☐ In parents' room ☐ In room with sibling

Other _____

Further detail about youth's sleep method.

- ☐ On own ☐ Only when read to ☐ Only with parent present Other _____

Further detail about youth's sleep position.

- ☐ On abdomen ☐ On back ☐ On side Other _____

Further detail about youth's sleep time.

Number of naps per day: _____

Number of hours sleep per day: _____

Please describe youth's activity.

Hours per day of exercise / sports: _____

Hours per day of TV / computer games: _____

Further detail about youth's type of exercise.

- ☐ Aerobic ☐ Ballet ☐ Baseball / softball ☐ Basketball ☐ Cheerleading ☐ Cycling
☐ Football ☐ Golf ☐ Gymnastics ☐ Hiking ☐ Hockey ☐ Dancing
☐ Jogging ☐ Martial arts ☐ Motor sports ☐ Soccer ☐ Swimming ☐ Walking
☐ Weights ☐ Wrestling Other _____

Further detail about youth's type of activities.

- ☐ After school program ☐ Chorus ☐ Drama ☐ Musical instrument ☐ School club

Other _____

SOCIAL HISTORY (continued)

Youth had a job prior to incarceration. ☐ Yes ☐ No If yes, how many hours worked per week? _____

Youth has a TV in the bedroom. ☐ Yes ☐ No If yes, how many hours of TV / computer games per day? _____

Please describe youth's recent travels.

☐ Out of state Where? _____

☐ Out of country Where? _____

☐ Travel exposure To what? _____

ADDITIONAL SOCIAL HISTORY

Please describe youth's history of tobacco use.

☐ Yes ☐ No ☐ Formerly If yes, what type of tobacco? _____

☐ Chewing Amount per day _____

☐ Cigarettes Amount per day _____

☐ Smokeless (dip) Amount per day _____

If formerly, year quit: _____

Chewing _____ Cigarettes _____ Smokeless _____

Please describe youth's history of alcohol use.

☐ Yes ☐ No ☐ Formerly If yes or formerly: Age started _____ Year quit _____

What type(s) of alcohol? _____

Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Occasionally ☐ Socially

Amount per day: _____ Last drink: _____

Sought treatment for alcohol abuse. ☐ Yes ☐ No Date of last treatment (month, day, year) _____ Number of times: _____

Had withdrawal problems, seizures or blackouts from alcohol or drugs. ☐ Yes ☐ No

Involved in a 12-step program ☐ Yes ☐ No If yes, ☐ Currently or ☐ Formerly

Emergency medical attention required due to intoxication. ☐ Yes ☐ No If yes, number of times _____

Family history of alcoholism. ☐ Yes ☐ No

If yes, name of family member(s) _____

Please describe youth's history of drug use / abuse:

☐ Yes ☐ No ☐ Formerly If yes or formerly: Age started _____ Year quit _____

What type(s) of drugs? _____

Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Occasionally ☐ Socially

Route taken: _____

Sought treatment for drug abuse ☐ Yes ☐ No Date of last treatment (month, day, year) _____ Number of times: _____

Had withdrawal problems, seizures or blackouts from alcohol or drugs? ☐ Yes ☐ No

Involved in a 12-step program? ☐ Yes ☐ No If yes, ☐ Currently or ☐ Formerly

Emergency medical attention required due to drug use? ☐ Yes ☐ No If yes, number of times _____

Family history of drug abuse? ☐ Yes ☐ No

If yes, name of family member(s) _____

Please describe youth's psychiatric history.

History of suicidal thoughts. ☐ Yes ☐ No

History of homicidal thoughts. ☐ Yes ☐ No

ADDITIONAL SOCIAL HISTORY (continued)

Treated for psychiatric problem.

☐ Yes ☐ No

If yes, please list diagnoses:

Diagnoses: _____ Age at time of diagnosis: _____

Diagnoses: _____ Age at time of diagnosis: _____

Name of Psychiatrist _____ Telephone number _____

Name of Therapist _____ Telephone number _____

Family history of psychiatric problems.

☐ Yes ☐ No

If yes, please describe:

Please describe youth's child abuse history.

Does youth have a confirmed history of child abuse?

☐ Yes ☐ No

If yes, ☐ Ongoing or ☐ Past

Offender 1 _____ Type of abuse: ☐ Physical ☐ Sexual ☐ Verbal

Offender 2 _____ Type of abuse: ☐ Physical ☐ Sexual ☐ Verbal

Offender in home ☐ Yes ☐ No Restraining order in place ☐ Yes ☐ No Suspected child abuse ☐ Yes ☐ No

Suspected offender 1 _____ Type of abuse: ☐ Physical ☐ Sexual ☐ Verbal

Suspected offender 2 _____ Type of abuse: ☐ Physical ☐ Sexual ☐ Verbal

Has youth ever been placed in a girls' / boys' home or foster home? ☐ Yes ☐ No

Has youth been convicted of a sexual offense? ☐ Yes ☐ No

Please describe youth's child neglect history.

History of neglect. ☐ Yes ☐ No

Offender _____

Reason _____

Suspected neglect. ☐ Yes ☐ No

Offender _____

Reason _____

DCS involvement: ☐ Yes ☐ No

Case Worker _____

Telephone number _____

Please describe youth's incarceration history.

History of incarceration. ☐ Yes ☐ No

Duration of incarceration from _____ (month, day, year) to _____ (month, day, year)

Crime convicted of _____

Duration of probation from _____ (month, day, year) to _____ (month, day, year)

Duration of incarceration (dates) from _____ (month, day, year) to _____ (month, day, year)

Crime convicted of _____

Duration of probation (dates) from _____ (month, day, year) to _____ (month, day, year)

Duration of incarceration (dates) from _____ (month, day, year) to _____ (month, day, year)

Crime convicted of _____

Duration of probation (dates) from _____ (month, day, year) to _____ (month, day, year)

Duration of incarceration (dates) from _____ (month, day, year) to _____ (month, day, year)

Crime convicted of _____

Duration of probation (dates) from _____ (month, day, year) to _____ (month, day, year)

ADDITIONAL SOCIAL HISTORY (continued)

Please describe youth's sexual practices.

Previously sexually active: ☐ Yes ☐ No

Sometimes condom use ☐ Yes ☐ No

Orientation: ☐ Bisexual

☐ Heterosexual

☐ Homosexual

Birth control methods used: _____

Birth control methods discussed: _____

Number of current sexual partners: _____

Number of lifetime sexual partners: _____

Ever been pregnant? ☐ Yes ☐ No

Ever had an abortion? ☐ Yes ☐ No

Parent / caretaker awareness: _____

Please describe youth's history of STDs

HIV status:

☐ Positive Date tested (month, day, year): _____

☐ Negative

Date tested (month, day, year): _____

☐ Not tested

AIDS:

☐ Positive

☐ Negative

History of STDs:

Risk factors for STDs.

☐ History of blood transfusions

☐ History of IV drug abuse

☐ High risk sexual partner

☐ Homosexual sex

☐ Multiple sexual partners

☐ No risk factors

☐ Prostitution

☐ Sex with hepatitis-infected person

☐ Sexually active before age eighteen (18)

☐ Unprotected sex

Other _____

Name of parent / caretaker _____

Parent / caretaker comments:

Provider comments:

Please describe youth's psychiatric history.

Diagnosis / Problem: _____

Date of onset (month, day, year): _____

Type of treatment (counseling, meds): _____

Date of treatment (month, day, year): _____

Treatment setting (hospital, outpatient): _____

Name of provider: _____

Treatment outcome:

☐ Failed

☐ Improved

☐ Resolved

☐ Successful

☐ Worsened

Other _____

Comments:

ADDITIONAL SOCIAL HISTORY (continued)

Diagnosis / Problem: _____ Date of onset (month, day, year): _____

Type of treatment (counseling, meds): _____ Date of treatment (month, day, year): _____

Treatment setting (hospital, outpatient): _____

Name of provider: _____

Treatment outcome: ☐ Failed ☐ Improved ☐ Resolved ☐ Successful ☐ Worsened

Other _____

Comments: _____

Diagnosis / Problem: _____ Date of onset (month, day, year): _____

Type of treatment (counseling, meds): _____ Date of treatment (month, day, year): _____

Treatment setting (hospital, outpatient): _____

Name of provider: _____

Treatment outcome: ☐ Failed ☐ Improved ☐ Resolved ☐ Successful ☐ Worsened

Other _____

Comments: _____

Diagnosis / Problem: _____ Date of onset (month, day, year): _____

Type of treatment (counseling, meds): _____ Date of treatment (month, day, year): _____

Treatment setting (hospital, outpatient): _____

Name of provider: _____

Treatment outcome: ☐ Failed ☐ Improved ☐ Resolved ☐ Successful ☐ Worsened

Other _____

Comments: _____

Name of psychiatrist _____ Telephone number _____

Name of therapist _____ Telephone number _____

* Correctional mental health professionals to obtain consent for release of information on above mentioned community providers from the facility Superintendent / Legal Guardian.

Please describe youth's psychiatric medication history.

* Correctional health professionals need below information to verify past prescriptions.

Medication type _____ Date last taken (month, day, year) _____

Name of Pharmacy _____ Telephone number _____

Name of prescribing clinic / doctor _____

Telephone number _____

Medication type _____ Date last taken (month, day, year) _____

Name of Pharmacy _____ Telephone number _____

Name of prescribing clinic / doctor _____

Telephone number _____

ADDITIONAL SOCIAL HISTORY (continued)

Medication type _____ Date last taken (month, day, year) _____

Name of Pharmacy _____ Telephone number _____

Name of prescribing clinic / doctor _____

Telephone number _____

Medication type _____ Date last taken (month, day, year) _____

Name of Pharmacy _____ Telephone number _____

Name of prescribing clinic / doctor _____

Telephone number _____

If applicable, please list youth's allergies:

Please describe youth's nutritional status.

Number of meals a day: _____

Decreased appetite ☐ Yes ☐ No Duration of decreased appetite: _____

Weight gain ☐ Yes ☐ No Time frame: _____ Amount: _____

Weight loss ☐ Yes ☐ No Time frame: _____ Amount: _____

DEVELOPMENTAL HISTORY

Please describe youth's pregnancy / birth history.

ANTENATAL

Maternal age during pregnancy _____ Estimate date of conception (month, day, year) _____ Marital status _____

Lived with father of baby ☐ Yes ☐ No _____

Prenatal care given ☐ Yes ☐ No If yes, ultrasound results: ☐ Normal ☐ Abnormal

Describe any abnormal results below:

☐ Birth marks ☐ Cardiac abnormalities ☐ Down syndrome markers ☐ GI abnormalities

☐ Musculoskeletal abnormalities ☐ Neuro abnormalities ☐ Renal abnormalities

Other: _____

Maternal illness / complications ☐ Yes ☐ No If yes, please describe below:

☐ Gestational diabetes ☐ Pregnancy-induced hypertension ☐ Sickle cell disease

☐ Diabetes (NIDDM) ☐ Hypertension ☐ Sickle cell trait

☐ Diabetes (IDDM) ☐ Eclampsia ☐ Underlying cardiac disease

☐ Underlying renal disease ☐ Surgery during pregnancy Other: _____

Maternal infections ☐ Yes ☐ No If yes, please describe below:

☐ Rubella ☐ Parvovirus ☐ Urinary tract ☐ B strep ☐ Syphilis ☐ Hepatitis B ☐ CMV ☐ HIV

Other: _____

Please list any medications taken during pregnancy.

Alcohol use ☐ Yes ☐ No Frequency _____

Tobacco use ☐ Yes ☐ No Packs a day _____

Marijuana ☐ Yes ☐ No Frequency _____

Other types _____

DEVELOPMENTAL HISTORY (continued)

LABOR AND DELIVERY

Type of delivery _____

Gestational age (weeks) _____ (days) _____ premature Birth weight _____

Other _____

Please describe anything significant about youth's hospital stay after birth (e.g., fetal distress, stay in NICU, birth defects, medication given).

Please describe anything significant about youth's discharge from the hospital (e.g., feeding history, weight, referral to social services, adoption).

DEVELOPMENTAL MILESTONES

MILESTONE	EARLY	ON TIME	LATE	UNKNOWN
Smiled directly at parent or turned toward speaker.				
Slept mostly through the night				
Sat up				
Crawled				
Said single words clearly				
Spoke in sentences				
Walked unassisted				
Ate with a fork or spoon with help				
Toilet trained				
Dressed unassisted				
Rode a two-wheel bike without training wheels				
Reading				
Puberty				

FAMILY HISTORY

Please describe youth's behavioral health family history.

DIAGNOSIS	FAMILY MEMBER	NAME	AGE DIAGNOSED	COMMENT

Please describe youth's interactions with family members.

☐ Supportive
 ☐ Strained
 ☐ Dysfunctional
 ☐ No family
 ☐ Estranged (separated, not speaking, or on bad terms)

Other _____

FAMILY HISTORY (continued)

Please describe youth's family resources / strengths.

Please describe youth's strengths / coping skills / resources / support network.

How does the youth handle anger?

How does the youth handle stress?

Who comprised the youth's current support network?.

- ☐ None ☐ Case worker ☐ Children ☐ Clergy ☐ Father ☐ Friends ☐ Mother
☐ Neighbors ☐ Siblings ☐ Significant other Other _____

What are the youth's resources?

Please describe youth's significant life events.

History of trauma:

History of emotional abuse:

Risk issues:

- ☐ Homicidal thoughts ☐ Medical condition ☐ Suicidal thoughts ☐ High risk behavior
☐ Fire setting ☐ High impulsivity / aggression ☐ Psychosis ☐ Self-injury
☐ Serious suicide attempts ☐ Lack of support ☐ Non-compliance with treatment ☐ Family violence
☐ Substance abuse Other _____

History of separation / loss:

Please return questionnaire to the below address:

Fax number :

Name of student

IDOC number

Name of parent / caretaker completing form

Date (month, day, year)

Facility Information Sheet

Please fill out this form and mail it to: Madison Juvenile Correctional Facility

MSH 4'th Street

Madison, In 47250

Students Name _____.

S. S. # _____ (**Must Include Social Security Number**)

Name of person giving information and relationship: _____.

Your telephone and/or number where you can be reached: _____.

_____.

Is student receiving social security benefits? _____.

If yes, please give the name of the person from whom benefits are received:

Name: _____ Address: _____.

_____.

Father's Name and Address: _____.

Stepmother's Name: _____.

Mother's Maiden Name & Current Last Name/Address: _____.

_____.

Stepfather's Last Name: _____.

Brother's Last Name, and Age(s): _____.

_____.

Sister's Last Name and Age(s): _____.

_____.

TO: Parent or Guardian

FROM: Tim Greathouse, Superintendent

RE: Immunization Records and Medical Records

The Madison Juvenile Correctional Facility is required by State Law, to follow health care immunization standards.

A copy of your child's immunization records should be forwarded to the Madison Juvenile Correctional Facility Health Care Services within one week of their admission.

If your child's immunization record is not received in the Madison Juvenile Correctional Facility Health Care Services Department within twenty (20) days from their admission, the complete series of immunizations will be restarted. Please avoid having your child restart these immunizations by forwarding, within the allotted time frame, to the Madison Juvenile Correctional Facility Health Care Services Department, a valid copy of their current immunization records.

If they are not received, the entire series will be restarted.

The immunization records must be a photo static copy from the physician's office or school program. These records must have specific dates, or they are not valid.

We are also requesting that you send only pertinent medical information that may be necessary for the continuing health care needs of your child.

Any information concerning your child's health care status, medical reports, or results of test and or procedures, may only be obtained through a physician's request to the Madison Juvenile Correctional Health Care Services Department. Medical information cannot be given to anyone over the telephone by any Health Care Service Staff.

The request for information must include your child's name and physician's signature.

We appreciate your understanding and cooperation.

CHECK OUT OUR NEW E-MAILING SYSTEM AT JPAY.COM

J Pay is a service provided to family and friends of inmates incarcerated in State, County, and Federal Correctional Facilities. J Pay Partners with Departments of Corrections, Prisons, and Jails across the country to provide Money Transfer, Email, and Video Visitation services for family and friends. Parolees can use Jpay Services to pay restitution and manage a Release Debit Card.

- **INMATE TRUST ACCOUNTS PAYMENTS**

J Pay is the fastest and most convenient way to send money to an inmate. Jpay.com customers can send money using Visa or Master card branded Credit or Debit Card. Funds are generally credited to the inmates account by the following morning. To see if J pay is available to you inmate, use the inmate search tool, or use our service map.

- **INMATE MESSAGING**

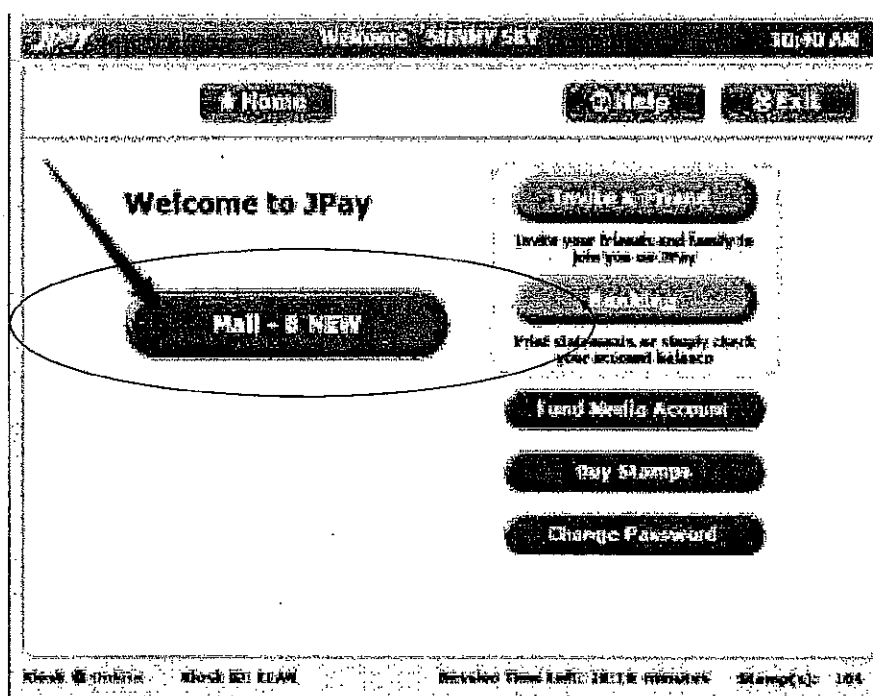
J pay E- messaging is the fastest way to send a letter to an inmate. Family and friends type their letters on Jpay.com. Depending on the facility, inmates can respond in writing or electronically. This service is only available in select states. If you do not see the E- messaging option once you log in, then you inmate is currently unable to receive E messages.

- **Video Visitation**

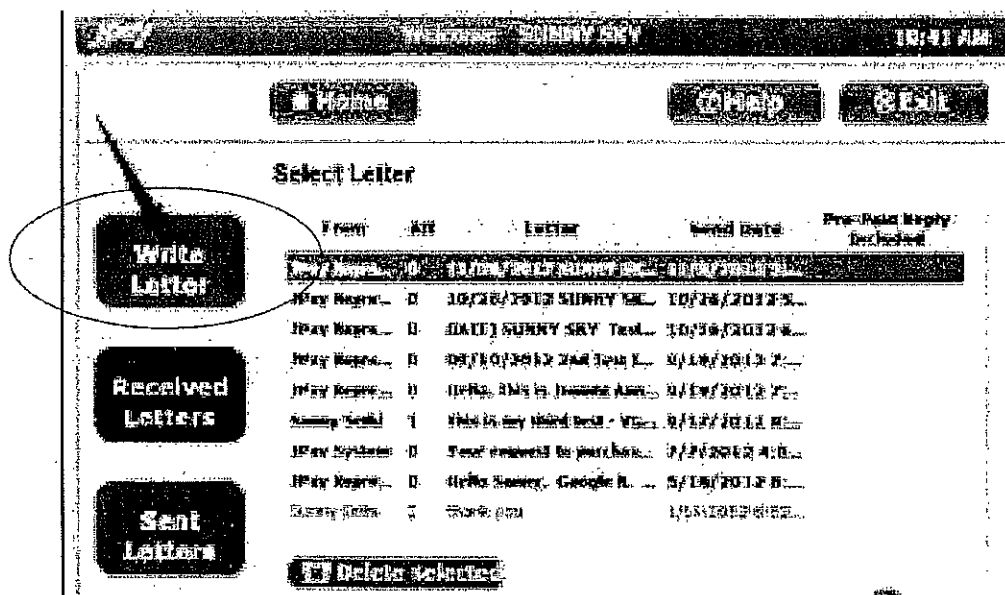
J Pay offers an innovative video visitation system that allows family and friends to visit inmates from the comfort of home. All you need is a camera, headset, and access to Jpay.com. Inmates visit from the visitation Kiosks located in their housing units. To see if video visitation is available to your inmate, log in or use the service map.

How to Send A VideoGram (Offender Kiosk)

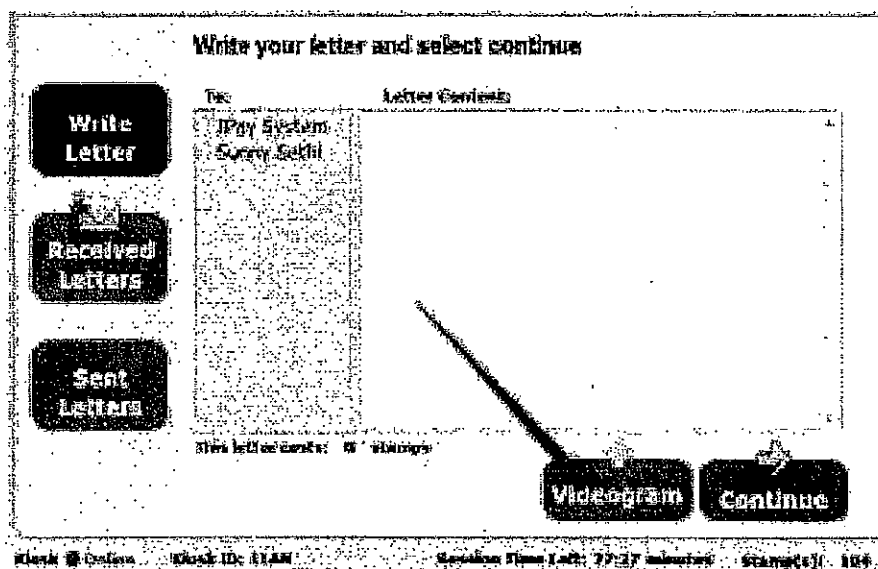
Offender logs into the JPay kiosk and clicks on the **Mail** button.



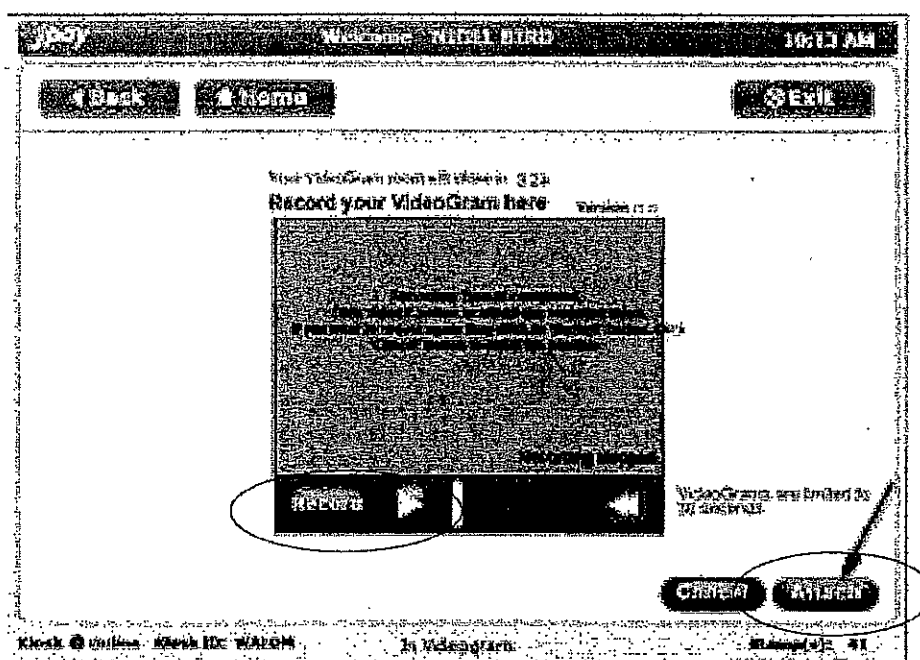
Offender clicks on the **Write Letter** option.



Offender clicks on the **VideoGram** button.



Offender clicks on the red **Record** button and records the 30 second VideoGram in real time. When completed, offender clicks on the green **Attach** button.



Offender presses **continue**.

Back Home Help Exit

Write your letter and select continue

Write Letter

Received Letters

Sent Letters

To: Pay System
Ohio Dept of
Sunny Sunday

Letter Content:
THIS IS A TEST

VideoGram Picture Continue

Check @ Jail Check In: WAIDM Service Time Left: 10:34 minutes Stamp(s): 41

Offender **confirms** the cost of the VideoGram and then clicks **send**.

jpay Welcome: NIGEL BRAD 10:17 AM

Home Help Exit

Please review and confirm

Write Letter

Received Letters

Sent Letters

Recipient Name: Sunny Sunday

Stamps Required: 5

Stamps Available: 41

Stamps Available After Sending This Letter: 36

Cancel Confirm and Send

Check @ Jail Check In: WAIDM Service Time Left: 10:17 minutes Stamp(s): 41



New Deposit Services Available:

Effective 12/4/13 -- Your friends and family members can now make a deposit to your Debit Phone Account by using the following service:

- Online: www.OffenderConnect.com
 - Deposit to a Debit Phone Account*
 - Deposits are available quickly!
 - Accepts MasterCard® or Visa® credit or debit cards*
 - Available 24 hours a day, 7 days a week

**Transaction fees do not apply for deposits to IN DOC Offender Debit Phone accounts.*

Nuevos servicios de depósito disponibles:

Efectivo 12/4/13 -- Ahora sus amigos y parientes pueden hacer un depósito a su cuenta de teléfono de débito mediante el uso del siguiente servicio:

- Por Internet: www.OffenderConnect.com
 - Depósito a una cuenta de teléfono de débito*
 - ¡Los depósitos están disponibles rápidamente!
 - Acepta tarjetas de crédito o débito MasterCard® o Visa®*
 - Disponible las 24 horas del día, 7 días a la semana

**No corresponden cargos por transacciones para depósitos a cuentas de teléfono de débito de infractores del IN DOC.*

Skype

USE SKYPE EVERYWHERE, IT'S FREE!

Create your account now to stay in touch. Skype's available on your computer, mobile, tablet and TV. There is no fee.

What you'll need to get started:

- Internet Connection
- A webcam, so people can see you.
- A computer or mobile device with a microphone and speakers or a headset attached.

We recommend a broadband connection. This will improve the quality of your video and voice calls.

On mobile devices we recommend WiFi or your mobile data plan.

Create your Skype Account today, by contacting one of our Juvenile Counselors here at Madison Juvenile Correctional Facility Today!

Call: 812-265-6154 ext: 368 and someone will assist you.

Use What You've Got Prison Ministry

A Driving Force for Families

Our Mission

Use What You've Got Prison Ministry is a faith based organization that keeps families connected by providing transportation for prison visitation while promoting family wellness through education, supportive resources, and spiritual enhancements.

Prisons Visited

At least one trip per month is scheduled to the following correctional facilities. Call the number below to check current schedule and to place your reservations.

Logansport Juvenile
Branchville Correctional Facility
Correctional Industrial Complex
Indiana State Prison
Miami Correctional Facility
New Castle Correctional
Pendleton Correctional Facility + Juvenile
Plainfield Reentry and Educational Facility
Putnamville Correctional Facility
Wabash Valley Correctional Facility
Westville Correctional Facility
Lakeside Correctional Facility
Terre Haute Federal Correctional Complex
Indiana Women Prison

Trips to the following correctional facilities will be scheduled when a sufficient number of riders are secured:

Madison Women Prison
Chain O Lakes Correctional Facility
Edinburgh Correctional Facility
Henryville Correctional Facility
Madison Juvenile Facility

Use What You've Got Ministry

P.O. Box 1521 Indianapolis, IN 46206

Phone: 317-924-4124

Fax: 317-926-5543

Toll Free: 877-761-9977

Email: uwygm@sbcglobal.net